



# Radiation Control Program Radiation Producing Machine Transfer or Disposal Request



Failure to fill out this form completely and accurately may result in the denial of the termination request. The registrant will be responsible for the continued registration of the machine and all applicable registration fees. NAC 459.166 requires notification within 15 days of disposal.

**A copy of the completed invoice from a registered installer or service company, documenting the operational status and control panel serial number of the machine must accompany this request.**

**For more information go to  
[http://dpbh.nv.gov/Reg/RPM/Radiation\\_Producing\\_Machines\\_-\\_Home/](http://dpbh.nv.gov/Reg/RPM/Radiation_Producing_Machines_-_Home/)**

REGISTRANT			NEVADA REG. NO.
STREET ADDRESS		CITY	STATE
TELEPHONE NUMBER		FAX NUMBER	E-MAIL ADDRESS
		STATE	ZIP CODE

- If the machine is transferred or sold, the seller must provide all requested information on this form in regards to the machine's new owner and/or professional installation company, location and contact information.
- If moving a machine from one use facility to another, you must complete this form, and fill out a new Radiation Producing Machine Registration form, as it is considered a new registration.

MACHINE INFORMATION					
MANUFACTURER		MODEL NUMBER		CONTROL PANEL SERIAL NUMBER	
Is this an Accelerator or PET-CT <input type="checkbox"/> Yes <input type="checkbox"/> No			Is this a mobile/portable device? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> <b>Transferred or sold to:</b> _____					
DATE SOLD OR TRANSFERRED		STREET ADDRESS		CITY	
STATE	ZIP CODE	TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	
<input type="checkbox"/> <b>Was this machine removed for recycling?</b>		<input type="checkbox"/> <b>Did the installer take the machine?</b>		<b>**If the machine is still in your office and inoperable please fill out a Storage Request Form**</b>	
DATE OF REMOVAL		SERVICE COMPANY IN CHARGE OF REMOVAL		CURRENT ADDRESS OF MACHINE	

**I have enclosed a copy of the service invoice, de-installation report, or statement from the certified installer who performed/is performing work on this machine. Invoice must include serial number.**

**\*\*Please note that the serial number needs to be from the control panel and *not* the tube head. The serial number on the service report must match the serial number stated on this form\*\***

**The undersigned, on behalf of the registrant, hereby requests that the registration be terminated for the above referenced Radiation Producing Machine.**

Signature	Name	Title	Date
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